

MEETING ABSTRACT

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Sentinel node biopsy and radical lymph node dissection for advanced melanoma in the elderly

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Background

The majority of indications for surgery in melanoma are for the treatment of primary tumor and lymph node metastases. During the last decade, the Sentinel Node Biopsy (SNB), from a research procedure, has become standard of care in most institutions. SNB is normally considered for patients with melanoma > 1 mm and generally about 20% are positive; however, the risk of a positive SNB in a melanoma < 1 mm is still 5%. Usually when SNB is positive a complete lymphadenectomy is performed.

Materials and methods

In the period 2004-2009, 18 elderly patients (median age 68 years) affected by cutaneous melanoma (mean Breslow's thickness = 3.77 mm), after SNB histologically confirmed regional lymph node involvement, underwent complete lymph node dissection (CLND). We treated 11 of them with groin dissection, in 3 cases bilateral; 4 patients underwent axillar dissection, in one case bilateral; 2 patients underwent neck dissection and another patient underwent groin-axillar dissection. We treated bilateral groin involvement with laparoscopic access for dissection of lumbar-aortic, iliac and obturator lymph nodes.

Results

Disagreeing with literature, 12/18 (67%) of these patients had positive lymph nodes, a high percentage if compared with younger patients' data. Currently the average follow-up is 25 months. In our sample CLND has a crucial prognostic role (16% vs 41% of deceased in CLND - and CLND + patients respectively).

Conclusions

Elderly melanoma patients are characterized by a higher tumor stage and, in patients with nodal metastases, the prognosis is independently affected by older age. In case of positive SNB the CLND plays a notable prognostic role and a presumable therapeutic role.

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